U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

S Reco	READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.		
E (3 NET 22005)				
Orwe Off.				
1. File Number U - 3522		2. Fiscal Year Covered From:		
		1 / 1 / 0 4 Through: 13 / 31 / 0 4		
3. Name and address of person filing.		Name, file number, and address of labor organization.		
Name Richard O'KANE		Name IRON WORKERS LOCAL 361		
		Labor Organization File Number 014-497		
P.O. Box, Bldg., Room No., If any		P.O. Box, Building and Room Number, if any		
Street C/0 89-19 974 AVE.		Street 399-19 97TH AVENUE		
City OZONE PARK		City OZONE PARK		
State NEW YORK ZIP Code + 4 11416		State NEW YORK ZIP Code + 4 114/6		
5. Position in labor organization. BUSINESS MANAGER - FST				
,				
Enter appropriate data below if, d	luring the past fiscal year, you or your spot	ise or minor child directly or indirectly had any of the following interests		
		sions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, or Income.		
Name				
Trade Name, if any:				
D.O. Post Pide Provide No. 1				
P.O. Box, Bldg., Room No., if any		7.b. Amount		
Street				
City		And the state of t		
State	ZIP Code + 4			
La La Sandra manie e may consignação por porte de April manages por particular magazagango.				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Richard O	Kane	on 8-10-05 718-322-1016		
	* -	Date Telephone Number		

Name of Person Filing Ruhard O'Kanl	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:	4		
Name COLLERAN, O'HARA & MILLS. LL'P.				
Trade Name, if any:	a. Labor Organization b. Trust			
P.O. Box, Bldg., Room No., if any				
Street 1225 FRANKLIN AVENUE SUITEHSO	c. Employer			
City GARDEN CITY				
State NEW YORK ZIP Code + 4 11530				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	-		
Name IRON WORKERS LOCALS 40 3610417	LEGAL REPRESENTATION			
Trade Name, if any:		7		
P.O. Box, Bldg., Room No., if any		; i		
Street 451 PARK AVENUE SOUTH	11.b. Approximate dollar value of such dealing.			
City WEW YORK	12.a. Nature of interest held or income received.			
State NEW YORK ZIP Code + 4 10016	ANGELO & MAXIE - N	y, <i>N</i> y ·		
,	IRONEBUITY MEETIN	ve		
	FOOD L BEVERAGE ON	7-20-04		
	12.b. Amount.	70.00		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Sireet				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			